

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works
MONTHLY ESTIMATE

FOR THE MONTH OF June 2016

Date: June 29, 2016

CONTRACTOR: Henry's Equipment Rental & Sales, Inc.

ADDRESS: PO Box 4070

Contract No. 64453

City, State ZIP: Waianae, HI 96792

DAGS Job No. 12-20-2696

PROJECT TITLE: Hawaii State Hospital; Goddard Building Demolition

CONTRACT

FOR INSPECTION BRANCH USE

☐ SUBMITTAL REGISTER

☒ COMMENCEMENT REQUIREMENTS

DUE MONTHLY:

☒ PROJECT SCHEDULE

☒ DAILY REPORTS

☒ PAYROLL AFFIDAVIT

MONTHLY ESTIMATE CHECKLIST

☒ PROJECT NAME AND LOCATION

☒ CONTRACT NUMBER

☐ AS NEED - WASTE REDUCTION PROGRESS REPORT

☒ ALL SIGNATURES

SPECIALTY / MISC:

☐ AIR CONDITION ACCEPTANCE

☐ PAINT ACCEPTANCE

Basic Contract Amount \$ 2,986,000.00

CHANGE ORDERS

Total \$ 1,114,641.00

Adjusted Contract Amount \$ 4,100,641.00

WORK ACCOMPLISHED

Basic Contract

Change Order

Total

Completed to Date 33.76% \$ 1,008,000.00 60.00% \$ 668,784.00 \$ 1,676,784.00

Retained REDUCED ☐ \$ 76,607.00 \$ 57,416.00 \$ 134,023.00

Amount Subject to Payment \$ 931,393.00 \$ 611,368.00 \$ 1,542,761.00

Payments to Date \$ 931,393.00 \$ - \$ 931,393.00

Payments Now Due \$ - \$ 611,368.00 \$ 611,368.00

Payment No. **FINAL** ☐ 04

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add..

FOR OFFICE USE ONLY

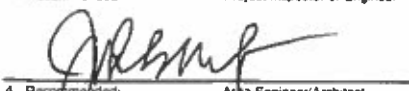
☐ Project Acceptance Date

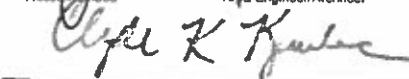
☐ Project Completion Date

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request; and least 80% of our workforce resides in Hawaii. ☐ As a preferred contractor, I have submitted all apprenticeship approval forms.

1. Computed and Checked by

 JUL 18 2016
3. Recommended: Project Inspector or Engineer Date

 JUL 18 2016
4. Recommended: Area Engineer/Architect Date


 JUL 18 2016
5. Approved: Branch Chief or District Engineer Date

The Public Works Administrator certifies that change orders have been issued and the work performed.

 JUL 21 2016
State Public Works Administrator Date

Henry's Equipment Rental & Sales, Inc.

Name of Contractor


By Frances Kama-Silva, President Date

BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

For the Month of: June 2016

CONTRACTOR: Henry's Equipment Rental & Sales, Inc.
PROJECT TITLE: Hawaii State Hospital; Goddard Building Demolition

Contract No.: 64453
DAGS Job No.: 12-20-2696

CLOSED			LICENSE	BASIC CONTRACT	COMPL.	%	RETN	CONTRACT
	PRIME CONTRACTOR	TRADE	NO.	AMOUNT	TO DATE	CMPL.	%	AMOUNT RETAINED
	Henry's Equipment Rental & Sales	General Contractor	ABC-21835	\$2,365,271	\$483,834	20.46%	5%	\$24,191

	SUBCONTRACTOR	TRADE	LICENSE NO.	BASIC SUB-CONTRACT AMOUNT	COMPL. TO DATE	% CMPL	RETN %	SUB-CONTRACT AMOUNT RETAINED
	David's Fencing	Temporary Fencing	C-21806	\$38,700	\$38,700	100.00%	10%	\$3,870
	Environmental Control Specialties	Asbestos/Abatement	C-15254	\$481,600	\$481,600	100.00%	10%	\$48,160
	HH Electric	Electrical	C-13528	\$55,235	\$3,866	7.00%	10%	\$386
	Island Landscaping & Maint.	Landscaping/Irrigation	C-8952	\$44,445		0.00%	10%	\$0
	Structural Pest Control	Soil Treatment	PC-489	\$749		0.00%	10%	\$0
						#DIV/0!	10%	\$0
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						#DIV/0!	10%	\$0
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	Total Retained from Subs			\$620,729	\$524,166			\$52,416 B

	\$2,986,000	\$1,008,000
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BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$76,607
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I certify that the above retentions are correct for this request.

Henry's Equipment Rental & Sales, Inc.

Name of Contractor

Frans Kars-Bahr

7/11/16

By Frances-Kama Silva, President

Date _____

Checked/Verified by:

A. H.

Initial - Project Inspector or Engineer

NOTE:

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

CHANGE ORDER - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

For the Month of: June 2016

CONTRACTOR: Henry's Equipment Rental & Sales, Inc.
PROJECT TITLE: Hawaii State Hospital; Goddard Building Demolition

Contract No.: 64453
DAGS Job No.: 12-20-2696

CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER AMOUNT	COMPL. TO DATE	% CMPL	RETN %	CHANGE ORDER AMOUNT RETAINED
	Henry's Equipment Rental & S	General Contractor	ABC21835	\$315,367	\$189,220	60.00%	5%	\$9,460

<u>SUBCONTRACTOR</u>	<u>TRADE</u>	<u>LICENSE NO.</u>	<u>CHANGE ORDER SUB AMOUNT</u>	<u>COMPL TO DATE</u>	<u>% Cmpl</u>	<u>RETN %</u>	<u>CHANGE ORDER SUB AMOUNT RETAINED</u>
Environemtnal Control Specia	Asbestos Abatement	C15254	\$799,274	\$479,564	60.00%	10%	\$47,956
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					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
Total Retained from Subs			\$799,274	\$479,564			\$47,956

	\$1,114,641	\$668,784
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CHANGE ORDER CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$57,416
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I certify that the above retentions are correct for this request.

Henry's Equipment Rental & Sales, Inc.

Name of Contractor

John K. ...

By Signature

Date _____

Checked/Verified by:

A. H.

Initial - Project Inspector or Engineer

NOTE:

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip

PAYMENT NO.: 4

PROJECT TITLE: HAWAII STATE HOSPITAL - GODDARD BUILDING, DEMOLITION

BILLING MONTH: June-16

DAGS JOB NO.: 1 2-20-2696

CONTRACT NO.: 64453

CONTRACTOR: HENRY'S EQUIPM'T RENTAL & SALES, INC

VENDOR CODE: 24391400

Original Contract Payment		Suffix: 1, 2		
Suffix	Fund Symbol	Amount Earned	Retainage	Amount Due
Totals:				

Change Order Payment		Suffix: 3, 4, 5		
Suffix	Fund Symbol	Amount Earned	Retainage	Amount Due
03	B13-414M	\$ 79,033.00	0	\$ 79,033.00
04	B15-408M	\$ 475,367.00	0	\$ 475,367.00
05	B15-408M	\$ 114,384.00	\$ 57,416.00	\$ 56,968.00
Totals:		\$668,784.00	\$57,416.00	\$611,368.00

Grand Total:	\$668,784.00	\$57,416.00	\$611,368.00
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Verified By *g Xu*

JUL 21 2016

DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 24391400

Cost Code 3A1

Voucher No. 8003N03

Verified By *pr*

AUG -2 2016

